

Babesiosis

PATIENT DEMOGRAPHICS

Name (last, first): _____
 Address (mailing): _____
 Address (physical): _____
 City/State/Zip: _____
 Phone (home): _____ Phone (work/cell): _____
 Alternate contact: ☐ Parent/Guardian ☐ Spouse ☐ Other
 Name: _____ Phone: _____

Birth date: ____/____/____ Age: ____
 Sex: ☐ Male ☐ Female ☐ Unk
 Ethnicity: ☐ Not Hispanic or Latino
☐ Hispanic or Latino ☐ Unk
 Race: ☐ White ☐ Black/Afr. Amer.
 (Mark all ☐ Asian ☐ Am. Ind/AK Native
 that apply) ☐ Native HI/Other PI ☐ Unk

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____
 Investigation Start Date: ____/____/____
 Earliest date reported to LHD: ____/____/____
 Earliest date reported to DIDE: ____/____/____

Entered in WVEDSS? ☐ Yes ☐ No ☐ Unk
 Case Classification:
☐ Confirmed ☐ Probable ☐ Suspect
☐ Not a case ☐ Unknown

REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source: ☐ Laboratory ☐ Hospital ☐ HCP ☐ Public Health Agency ☐ Other
 Reporter Name: _____ Reporter Phone: _____
 Primary HCP Name: _____ Primary HCP Phone: _____

CLINICAL

Onset date: ____/____/____ Diagnosis date: ____/____/____ Recovery date: ____/____/____

Clinical Findings

Y N U
☐ ☐ ☐ Fever (Highest measured temperature: ____ °F)
☐ ☐ ☐ Chills
☐ ☐ ☐ Sweats
☐ ☐ ☐ Headache
☐ ☐ ☐ Myalgia
☐ ☐ ☐ Arthralgia

Complications

Y N U
☐ ☐ ☐ Disseminated intravascular coagulation (DIC)
☐ ☐ ☐ Hemodynamic instability
☐ ☐ ☐ Acute respiratory distress syndrome (ARDS)
☐ ☐ ☐ Myocardial infarction
☐ ☐ ☐ Renal failure
☐ ☐ ☐ Altered mental status

Clinical Risk Factors

Y N U
☐ ☐ ☐ Asplenia (if yes, date of splenectomy: ____/____/____)
☐ ☐ ☐ Immune suppression

Hospitalization

Y N U
☐ ☐ ☐ Patient hospitalized for this illness
 If yes, hospital name: _____
 Admit date: ____/____/____ Discharge date: ____/____/____

Death

Y N U
☐ ☐ ☐ Patient died due to this illness If yes, date of death: ____/____/____

TREATMENT

Y N U
☐ ☐ ☐ Patient received antimicrobial therapy due to this infection?
 If yes, specify:
 Type(s): _____ Duration: _____ days

LABORATORY (Please submit copies of all labs, including CBC and metabolic panels associated with this illness to DIDE)

Y N U
☐ ☐ ☐ Anemia
☐ ☐ ☐ Thrombocytopenia
☐ ☐ ☐ Elevated liver enzymes
☐ ☐ ☐ Identification of intraerythrocytic *Babesia* organisms by light microscopy in a Giemsa, Wright, or Wright-Giemsa-stained blood smear
☐ ☐ ☐ Detection of *Babesia microti* DNA in a whole blood specimen by polymerase chain reaction (PCR)
☐ ☐ ☐ Detection of *Babesia* spp. genomic sequences in a whole blood specimen by nucleic acid amplification
☐ ☐ ☐ Isolation of *Babesia* organisms from a whole blood specimen by animal inoculation
☐ ☐ ☐ Demonstration of a *Babesia microti* IFA total Ig or IgG antibody titer $\geq 1:256$ (or $\geq 1:64$ in epi-linked blood donors or recipients)
☐ ☐ ☐ Demonstration of a *Babesia microti* Immunoblot IgG positive result
☐ ☐ ☐ Demonstration of a *Babesia divergens* IFA total Ig or IgG antibody titer $\geq 1:256$
☐ ☐ ☐ Demonstration of a *Babesia duncani* IFA total Ig or IgG antibody titer $\geq 1:512$

INFECTION TIMELINE

Instructions: Enter onset date in grey box. Count backward to determine probable exposure period

Days from onset

Calendar dates:

Exposure period

-56 (Max Incubation)	-7 (Min Incubation)
___/___/___	___/___/___

Onset date



___/___/___

EPIDEMIOLOGIC EXPOSURES (based on the above exposure period, unless otherwise noted)

Y N U

☐ ☐ ☐ History of travel during exposure period (if yes, complete travel history below):

Destination (City, County, State and Country)	Arrival Date	Departure Date	Reason for travel

☐ ☐ ☐ Blood transfusion recipient within the **past year** (if yes, date: ___/___/___)

☐ ☐ ☐ Organ transplant recipient within the **past year** (if yes, date: ___/___/___)

☐ ☐ ☐ Exposure to wooded, brushy, or grassy areas (i.e. potential tick habitats)?

If yes, where (County and State): _____

☐ ☐ ☐ Tick found on body?

If yes, where was patient when tick found (County and State): _____

If yes, date found: ___/___/___

If yes, was tick attached?: ☐ Yes ☐ No ☐ Unknown

☐ ☐ ☐ Potential occupational exposure (i.e., outdoor work in potential tick habitats)

If yes, list occupation: _____

Where did exposure most likely occur? County: _____ State: _____ Country: _____

PUBLIC HEALTH ISSUES

Y N U

☐ ☐ ☐ Case donated blood products, organs or tissue in the 30 days prior to symptom onset

Date: ___/___/___

Agency/location: _____

Type of donation: _____

☐ ☐ ☐ Case knows someone who had shared exposure and is currently having similar symptoms

☐ ☐ ☐ Case is part of an outbreak

☐ ☐ ☐ Other:

PUBLIC HEALTH ACTIONS

Y N U

☐ ☐ ☐ Notify blood or tissue bank or other facility where organs donated

☐ ☐ ☐ Disease education and prevention information provided to patient and/or family/guardian

☐ ☐ ☐ Recommended environmental measures to patient/family to risk around home

☐ ☐ ☐ Education or outreach provided to employer

☐ ☐ ☐ Facilitate laboratory testing of other symptomatic persons who have a shared exposure

☐ ☐ ☐ Patient is lost to follow-up

☐ ☐ ☐ Other:

WVEDSS

Y N U

☐ ☐ ☐ Entered into WVEDSS (Entry date: ___/___/___)

Case Status: ☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Unknown

NOTES

